1170001792

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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SECKETARY OF STATE DIVISION OF CORPURATION

N COOPER JUL 2 5 2018

COVER LETTER

TO:

	Registration Sec Division of Corp			
211111111		ERAL IMPROVEMENT "LLC	•и	
SUBJEC	.1:	Name of Limi	ted Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are subi	nitted for filing.	
Please re	turn all correspoi	ndence concerning this matter	to the following:	
		YOIDEL GARCIA OCAN	\$A	
			Name of Person	
		Y&K GENERAL IMPRÓ	VEMENT "LLC"	
			Firm/Company	
		9545 SW 24 ST APT B-12	2	
			Address	
		MIAMI, FL 33165		
		16: pel 296	City/State and Zip Code Collail - Coll	
For furth	ner information co	oncerning this matter, please co	io be used for future annual report notifi tll:	cation)
KAICE	L CASANAS		786 970 1385	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ic following amount:		
ja l \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio	ING ADDRESS: ation Section n of Corporations ox 6327	STREET/COURI Registration Section Division of Corpora Cliffon Building	1

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Y&K GENERAL IMPROVEMEN					
(<u>Name of the Limi</u>	ted Liability Compa (A Florida Limited I	ny ay it now appear hability Company)	<u>s on our records.</u>)		
The Articles of Organization for this Limited L	iability Company	were filed on	01/17/2017	and assign	ned
Florida document number 1.17000011792					
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name of	of the limited liab	ility compa <u>ny</u> h	<u>:re</u> :		
The new name must be distinguishable and comain the v	words "Limited Liabi	fity Company, the c	lesignation "LLC" or the	abbreviation "L.L.C	
Enter new principal offices address, if applic		9545 SW 24 ST	APT B-122		SE 38
(Principal office address MUST BE A STREI		MIAMI FL 331	65	<u>~</u>	<u> </u>
					1445 1450 1450 1
Enter new mailing address, if applicable:		9545 SW 24 ST	T APT B-122	PM 12	OF STA
(Mailing address MAY BE A POST OFFICE	(BOX)	MIAMI FL 331	65	S	31.
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	office address her	office address or re: RCIA OCANA	ı our records, <u>ent</u>	er the name of	the nev
New Registered Office Address:	9545 SW 24 S	T APT B-122			
		Enter Flo	rīda street address		
	мами		, Florida	33165 Zip Code	
		Ciţy		Zip Code	
New Registered Agent's Signature, if changing			to the such as		
Thereby accept the appointment as register	ed agent and ag	ree to act in this	capacity, 1 juritier i	agree to compix	· WHH 1110

H Changing Registered Agent, Signature of New Registered Agent

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

company has been notified in writing of this change.

if amonding Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	KAICEL CASANAS	3512 W 105 ST.Hialeah .FL 33018	
			(Thange
			☐ Remove
			Change
			□ Remove
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Effective date, if o	other than the date	of filing:		(op	tional)
Note: If the date in	iserted in this block d	loes not meet the ap	pplicable statutory	filing requirements, t	ter filing.) Parsuant to 605.0 his date will not be listed
document's effectiv	e date on the Departi	ment of State's rec	ords.		
na racord enacif	iec a delayed eff.	ective date bu	t not an effecti	ve time at 12:01	a.m. on the earlie
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